Asthma Information Handbook

for Early Care and Education Providers

Produced by the California Childcare Health Program
Funded by First 5 California

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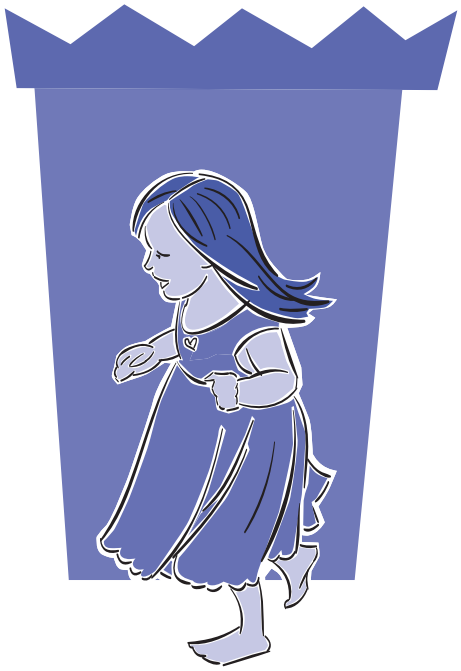

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CALIFORNIA CCHP CHILDCARE HEALTH PROGRAM

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Asthma Information Packet for Early Care and Education Providers

Purpose:

As an early care and education provider, you play a major role in the health and safety of the children in your care. With the current asthma rate among California's youngest children (0-5 years) at almost 10 percent, it is estimated that a classroom or center with 20 children may have two or more children with asthma in it. Thus, it is essential that early care and education providers understand asthma and know how to provide the highest-quality care for children with asthma. With proper care, most children with asthma can lead normal, active lives and can enter school with the same abilities as other children. For this purpose, the Asthma Information Packet for Early Care and Education Providers was designed to cover the following topics:

- Basic information on asthma
- How to improve the early care and education environment to reduce asthma triggers
- How to administer asthma medication
- How to handle asthma emergencies

The Asthma Information Packet for Early Care and Education Providers consists of two major components:

1. A written handbook which includes a variety of tools, such as:

- Sample Child Asthma Plan
- Classroom guide for reducing and removing asthma triggers
- Information to help guide communication with parents. Throughout this packet you will find the flag symbol. This symbol is a reminder that good communication with parents or guardians is an important aspect to the good management of each child's asthma. Regular communication between parents and providers is important because asthma is a condition that can change frequently.

2. The Asthma Care Training for Child Care Providers DVD (in English and Spanish) developed by the California Emergency Medical Services Authority. On this DVD is also a complete copy of the written handbook in PDF format.

Please feel free to make copies of this handbook and adapt it as needed to work best in your program. This handbook and accompanying DVD will also be available for order online at:

www.ucsfchildcarehealth.org
www.caasthma.org
www.betterasthmacare.org
www.californiabreathing.org
www.emsa.ca.gov (Handbook only)

A limited number of copies of the packets are also available from the California Childcare Health Program. For information, call (510) 839-1195 or email cchp@ucsfchildcarehealth.org.

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The following agencies provided materials for inclusion in the packet:

- American Lung Association of Connecticut
- American Lung Association of San Diego and Imperial Counties
- American Lung Association of San Francisco and San Mateo Counties
- Regional Asthma Management and Prevention Initiative

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First 5 California funded the development of the written handbook of the Asthma Information Packet and supported the distribution of the packets to School Readiness programs, early child development programs, pre-schools and other sites serving young children (0-5 years) throughout the state.

Table of Contents

1 What is Asthma?

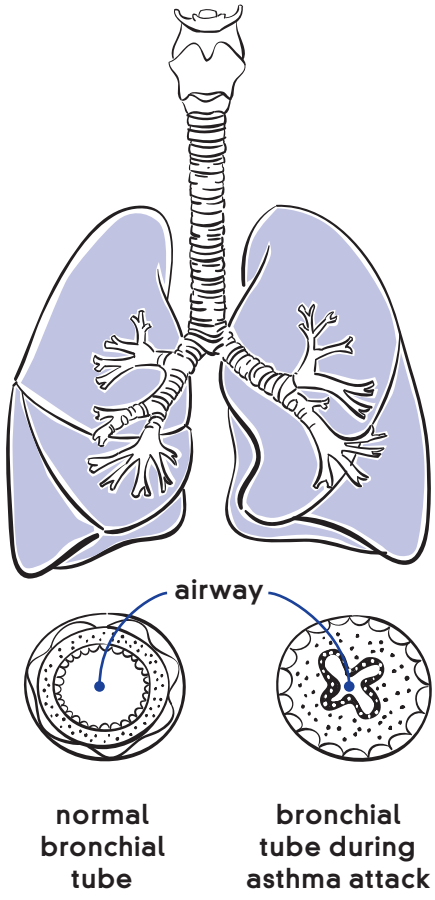
Asthma is a sensitivity of the airways of the respiratory system (lungs) that can make it hard to breathe.
The airways react to different triggers in the environment and become inflamed (swollen) and irritated.

During an asthma attack or flare-up, three things happen to the airways to restrict breathing:

- The lining of the airways swells
- More mucus is produced that clogs the airways
- The muscles around the airways tighten and make the airways smaller

Because children have smaller airways, the above factors can cause a greater restriction to breathing than in an adult.

Asthma cannot be cured. However, with proper asthma management and treatment, children with asthma can lead normal, active lives. Some children outgrow their asthma, but for unknown reasons it can reappear in adulthood.



Uncontrolled asthma can reduce a child's quality of life by causing:

- nights of lost sleep
- restriction of activities
- reduction in a child's ability to learn
- frequent days of missed child care/preschool
- disruption of family routines
- life threatening situations

Asthma is the most common chronic disease of childhood.

- Asthma is a major cause of emergency room visits and hospitalizations for children (Guidelines for the Management of Asthma in California Schools, California Department of Health Services, April 2004)
- In the United States, over 8.9 million children have asthma (2002 National Health Interview Survey)
- In California, 9.5 percent of children ages 0-5 years have asthma (2003 California Health Interview Survey)

2 Guidelines for Caring for a Child with Asthma

1. **Learn the basics about asthma.**
   Educate yourself and the rest of the early care and education (ECE) staff about asthma, including signs and symptoms, policies and procedures, administration of medications, and what to do in case of an emergency. See Sections 3, 4 and 7.

2. **Familiarize yourself with California state laws and Community Care Licensing regulations regarding caring for children with asthma.**
   Refer to Section 11 for more information about these laws and regulations.

3. **Find out which children in your ECE program have asthma.**
   Ask parents or guardians about children's health conditions at the time of enrollment and review the physician's report or the child's asthma plan. See Section 6.

4. **Arrange a time to meet with the parent(s) or guardian(s) to discuss the child's asthma and Child Asthma Plan**.
   Discuss the child's medications, symptoms and triggers. Use the "Me and My Asthma" form to document these items and transfer important information onto the Child Asthma Plan. The "Me and My Asthma" form is a tool that you can use to increase parents' communication about their child's asthma. A copy may be found in Section 13.

5. **Obtain an asthma plan for your child.**
   If parents do not have a plan, request that they get one from their child's health care provider. A written asthma plan must be in the child's records before admittance to the ECE program. For more detailed information on child asthma plans, see Section 6. Asthma plans are available online from many of the sources listed in Section 10, which includes the Regional Asthma Management and Prevention Initiative, American Lung Association and other health organizations. ection 13 includes a sample Child Asthma Plan, Information Exchange on Children with Health Concerns form and Consent for Release of Information form.

6. **Know when and how to administer asthma medications.**
   It is most important that children receive controller or long-term medicines regularly to prevent asthma attacks. Always have a child's quick relief medication readily available for use. For more detailed information on asthma medications, please refer to Section 7 and the "Asthma Care Training for Child Care Providers" DVD. For a Medication Administration Form, refer to Section 13.

7. **Learn how to use asthma devices such as inhalers, spacers, nebulizers and peak flow meters.**
   Have parents/guardians demonstrate how to administer the medication to their child. You may need to learn how to use a peak flow meter, but they are generally not used for children under 5 years. Usually for children under age 5, symptoms will reveal the level of the child's distress, as

Guidelines for Caring for a Child with Asthma

(CONTINUED)

outlined in Section 6 and in the sample Child Asthma Plan found in Section 13. For more general information on how to use, clean and care for asthma devices, refer to the "Asthma Care Training for Child Care Providers" DVD and Section 8.

8. **Log medication use and your observations of the child.**
   Each time a child is medicated for his/her asthma, this information should be logged along with any side effects or outcomes. Share this information with the parent or guardian. For a Medication Administration Form and Monthly Medication Record, please see Section 13.

9. **Reduce asthma triggers in the ECE environment.**
   See Section 5: Asthma Triggers and How to Reduce Them to learn how to make your ECE setting a safe and healthy environment for all children, especially those with asthma and allergies.

10. **Know who to call and what to do in case of an emergency.**
    Emergency contact information should be documented on the Me and My Asthma form and/or the Child Asthma Plan. A copy of this plan should be kept at the ECE program with the child's medications. Also include emergency contact information, Child Athma Plan and asthma medications with disaster preparations supplies and take these items on field trip outings. For more information on specific steps to follow in an emergency, refer to Section 4.

11. **Familiarize yourself with the agency's or ECE program's plan for caring for children with asthma.**
    This may include recommended procedures and forms and specific roles and responsibilities of staff.

12. **Use appropriate forms to document permission and important information related to the care of children with asthma, and distribute information on asthma to staff and families as needed.**
    The forms and handouts included with this packet can be used in your ECE program to help with documentation of the care you provide, to obtain permission to access children's medical information, and to share useful information with staff and families. See Section 13.

3 Signs and Symptoms of Asthma

Early Warning Signs of Asthma

A child may exhibit one or more of the following signs at the beginning of an asthma attack.

Visible signs

- Coughing
- Wheezing
- Breathing faster than usual
- Unusual tiredness (not wanting to play)
- Appear worried or fearful
- Itchy throat or neck
- Stuffy or runny nose

Verbal complaints

Teach children to tell you when they don't feel well by using phrases such as:

- "My chest feels tight."
- "My chest hurts."
- "My neck feels funny."
- "My mouth is dry."
- "My throat tickles."
- "I don't feel good."
- "I can't breathe."

Important sign

The child is not looking or acting like his or her "normal" self.

Take action and consult the Child Athma Plan. Administer medication as prescribed.

Emergency signs and symptoms of an asthma attack

The following are indications of a severe asthma attack. Follow emergency procedures, call 9-1-1 and notify the child's parents if you observe any of the following:

- The child is breathing hard and fast
- The child is trying hard to breathe
- The child's nostrils are opening wider with each breath
- The skin between the child's ribs and/or neck is pulled tight
- The child's lips or fingernails are turning blue
- The child is having difficulty talking or walking

Because each child's asthma is different, it is important to ask parents for their child's signs and symptoms of an asthma attack.

Modified from American Lung Association of San Diego and Imperial Counties fact sheets and Connecticut Resource Guide.

4 Managing an Asthma Attack

What to Do When a Child Is Having an Asthma Attack

1. Administer the full dose of the child's prescribed rescue medication immediately, according to the directions given in the Child Asthma Plan, or according to the directions provided by the child's parent or guardian. To learn about what a rescue medication is and how it works, see Section 7.
2. If the child has no rescue medication, call 9-1-1 immediately.
3. If a child is still having trouble breathing 5 to 10 minutes after taking his/her prescribed rescue medication, then call 9-1-1. Provide emergency first aid for respiratory distress. The Child Asthma Plan may direct you to re-administer the child's rescue medication dose if the child is still having trouble breathing 5 to 10 minutes after the first dose was given. If this is the case, then re-administer the rescue medication.
4. Keep the child quiet and still. Have the child sit up. Do not force a child who is having breathing difficulty to lie down, as doing so can interfere with his/her breathing.
5. A responsible adult should remain with a child who is having an asthma attack.
6. After administering the medication, if the child can be moved, bring the child to a quiet place, out of the cold or extreme heat. However, do not make a child who is having breathing difficulties walk on his/her own.
7. Stay calm, and reassure the child.

What to Do When a Child Is Having a Severe Asthma Attack

Administer rescue medication immediately. If the symptoms persist or the child's asthma worsens, re-administer the medication and provide emergency first aid for respiratory distress. Then you or a responsible person should call 9-1-1 immediately for the following serious asthma symptoms:

- Child's wheeze, cough, or shortness of breath worsens, even after medications have had 5 to 10 minutes to work
- Child's neck and chest are "sucked in" with each breath
- Child has trouble talking or walking
- Child is struggling to breathe, hunching over
- Child's lips or fingernails are blue or gray-colored
- Child has an altered level of consciousness or confusion or
- Child is experiencing asthma symptoms and has no rescue medication available at the ECE facility or home.

Then, call the child's parent or guardian to let them know that 9-1-1 has been called.

Managing an Asthma Attack
(CONTINUED)

What to Do After a Child's Asthma Attack Has Been Treated and Has Subsided

1. A child who has been treated for an asthma attack should have his/her physical activity kept to a minimum immediately following the attack. Once the child's symptoms have subsided, the child can return to physical activities.
2. A child who has been treated for an asthma attack should be closely supervised for the remainder of the day. Refer to the Child Asthma Plan for direction regarding the child's participation in routine activities.
3. Make sure the child with asthma drinks enough water, since doing so helps to keep mucous from getting too thick.
4. Record information about the child's asthma attack in the child's daily medication/illness log so that this information can be shared with parents at the end of the day. Also, note the attack in the Child Asthma Plan.
5. Tell the child's parents or guardian about the attack and what medication was provided.

5 Asthma Triggers and How to Reduce Them

Asthma triggers are allergens and irritants that aggravate the lungs and trigger asthma attacks (also called asthma episodes or flare-ups). One of the best ways to prevent an asthma attack is to help a child avoid things that trigger his/her asthma.

Reducing asthma triggers in a child care center or family child care home can be done with the cooperative effort of providers, parents and others that spend time in the ECE program. Removing triggers not only helps the children and adults with asthma, but creates a healthy environment for everyone.

There are many different triggers, and not every child has the same ones. For some children, a single trigger can set off an asthma attack. For others, several triggers add up to cause an asthma attack.

It is important to find out what the triggers are for each child with asthma in your care. Reduce or remove as many asthma triggers as you can from your ECE program.

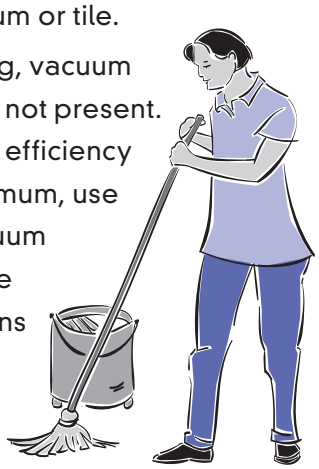
Common Triggers

Dust and Dust Mites

Dust mites are tiny bugs too small to see. Dust mites live where there is dust, in carpets, bedding, upholstered furniture and stuffed toys. Many children are allergic to the microscopic droppings of dust mites.

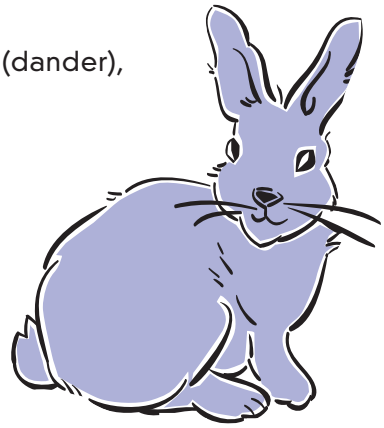
What to do?

- ☐ Clean when children are not present.
- ☐ Dust often using a damp cloth.
- ☐ Clean floors with a damp mop daily, not a broom.
- ☐ Don't allow children to lay their faces or blankets directly on the carpet.
- ☐ Wash sheets, blankets and pillows once a week in hot water and dry in a "hot" dryer to kill dust mites.
- ☐ Choose washable stuffed toys, and wash them weekly and when visibly soiled. Wash them in hot water and dry thoroughly.
- ☐ Store toys and books in enclosed bookcases, closed cabinets, containers or bins to reduce the accumulation of dust.
- ☐ Replace cloth upholstered furniture with furniture that can be wiped clean.
- ☐ Avoid wall-to-wall carpeting. Use washable throw rugs on hard-surface floors, such as hardwood, linoleum or tile.
- ☐ If there is carpeting, vacuum when children are not present. Ideally, use a high efficiency vacuum. At a minimum, use double-lined vacuum bags to reduce the amount of allergens released into the air while vacuuming.



Asthma Triggers and How to Reduce Them (CONTINUED)

Furry and Feathered Animals



Animals with fur or feathers carry allergens in their saliva and on their skin (dander), fur or feathers.

What to do?

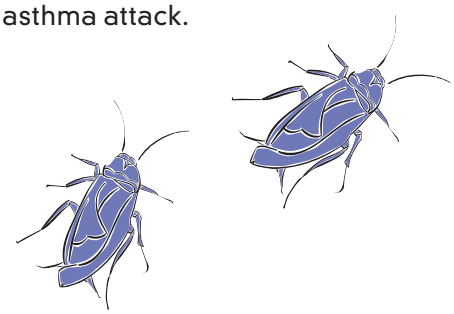
- ☐ The best thing to do is to find another home for furry or feathered pets (cats, dogs, hamsters, guinea pigs, birds, rabbits and other furry animals).
- ☐ At a minimum, keep furry and feathered pets in a limited area of the ECE program that can be cleaned.
- ☐ If your ECE setting has a pet, tell parents before they enroll a child.

Pests

The body parts and droppings of rodents and cockroaches contain allergens. Even small particles of dead cockroaches settle in dust and end up in the air we breathe; this can trigger an asthma attack. Pests are attracted to food, water and shelter (clutter and cardboard).

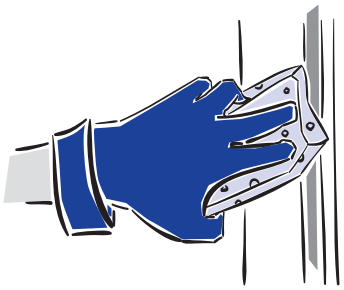
What to do?

- ☐ Store food and garbage in tightly sealed containers. Do not leave food or garbage out.
- ☐ Clean all food crumbs or spilled liquids right away and clean eating areas daily
- ☐ Repair leaky pipes and dripping faucets so pests will not have a place to drink.
- ☐ Seal cracks in walls, baseboards, windows and doors, and clean up cluttered areas where roaches like to hide.
- ☐ Use poison baits or traps only if you can place them out of the reach of children. Avoid chemical sprays, which are very toxic to children and can trigger an asthma attack.



Asthma Triggers and How to Reduce Them (CONTINUED)

Mold and Mildew



Molds produce microscopic spores that are carried in the air and can be harmful to people with asthma and allergies. Molds grow where dampness occurs and can become prominent in places where dampness is hidden (such as under carpets). Excess moisture is a result of water leaks, condensation and excess humidity.

What to do?

- ☐ If mold is a problem, clean up the mold and get rid of the excess moisture. Mold growth is likely to recur unless the source of the moisture problem is fixed.
- ☐ Fix all sources of water leaks.
- ☐ Use exhaust fans or open windows in kitchens and bathrooms to cut down on moisture and remove strong odors.
- ☐ Do not use humidifiers or vaporizers.
- ☐ Wet clothing and boots should be stored outside of the activity space.
- ☐ Wash mold off hard surfaces **when children are not present**.

To wash mold off of hard surfaces:

- Use regular detergent/soap and hot water and scrub with a brush or a pad.
- Rinse with water and dry.
- Disinfect area with a bleach solution of 1 1/2 cups of bleach mixed with 1 gallon of water.
- Wait 20 minutes and then reapply.

- ☐ Absorbent materials such as ceiling tiles and carpet with mold may need to be replaced. If a carpet gets wet with clean water, use a fan to dry it out completely within 48 hours.
- ☐ Heating, air conditioning and ventilating systems, including evaporative coolers, should be cleaned and serviced regularly.

Pollen

Pollen is a common allergen that comes from trees, flowers, grasses and weeds.

What to do?

- ☐ Check the newspaper, radio, television or internet (www.pollen.com or www.weather.com) for the daily pollen count. On days when the report lists high levels of pollens to which a child is sensitive, keep windows closed and if possible, use air conditioning.
- ☐ Keep outdoor yard and play areas clear of fallen leaves, compost piles and cut grass. Avoid cutting grass or blowing leaves when children are present.

Asthma Triggers and How to Reduce Them (CONTINUED)

Exercise

Exercise or active play can trigger an asthma attack. Exercise generally is good for children with asthma. As long as a child's asthma is well controlled, he/she can usually participate in a full range of physical activities. However, since exercise can trigger an asthma attack in some children, always observe children during active play.

What to do?

- ☐ Be aware of the Child Asthma Plan for each child with asthma. If directed by a health care provider and parent, administer quick relief medication to a child prior to exercise. Follow the directions of the Child Asthma Plan.
- ☐ Be prepared to respond to an asthma attack following exercise according to the Child Asthma Plan.
- ☐ Encourage short bursts of exercise and active play followed by short rest periods—this approach is better than continuous exercise.
- ☐ Reduce outdoor activities on high pollen/ pollution "Spare the Air" days or extreme hot or cold weather days. Check www.pollen.com or www.weather.com for information.
- ☐ Recognize and respect a child's limits for active exercise and play.
- ☐ A child should not exercise if he/she is recovering from an asthma attack or a respiratory illness.

Fumes, Odors and Strong Scents

Strong fumes, odors, and scents can trigger an asthma attack.

What to do?

- ☐ Avoid using hairspray, perfumes, powders or air fresheners around the children.
- ☐ Avoid using cleaning products that have a strong odor.
- ☐ Clean when the children are away. Open windows while cleaning.
- ☐ Avoid arts and craft materials with fragrances and fumes.
- ☐ Office equipment that emits fumes (photocopiers) should be in vented areas away from children.
- ☐ Improve ventilation by using exhaust fans or opening windows when it is hot or stuffy, or when there are strong odors from cooking or fumes from heating.
- ☐ Keep windows closed when the air outside is full of exhaust fumes from vehicles or factories.

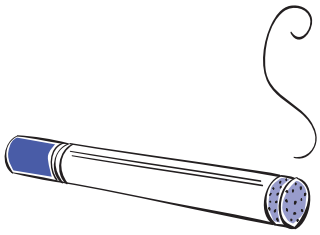
Asthma Triggers and How to Reduce Them (CONTINUED)

Tobacco Smoke

Secondhand smoke is a mixture of the smoke given off the burning end of a cigarette, pipe or cigar and the smoke breathed out by a smoker. Secondhand smoke can irritate the lungs and trigger an asthma attack.

What to do?

- ☐ Provide a smoke-free ECE environment as specified in State of California Child Care Licensing regulation 101231 (2004).
- ☐ Smoking is prohibited inside the child care area or around children. California Assembly Bill 846 prohibits smoking within 20 feet of an entrance, exit or openable window.
- ☐ Prohibit smoking in vehicles that are used to transport children. Tobacco smoke lingering in cars can trigger an asthma attack.
- ☐ When smoking outdoors, wear an overcoat and remove it when coming indoors, or remove your work smock or jacket before smoking. The smell of smoke can trigger asthma.



- ☐ Encourage parents/guardians to reduce their children's exposure to secondhand smoke. Encourage staff and parents/guardians to quit smoking. Offer resources such as 1-800-NO-BUTTS, the California Smokers' Helpline.

Illness

Colds, the flu, bronchitis and upper respiratory infections can trigger an asthma attack. In fact, respiratory illness is the most common trigger of asthma in young children.

What to do?

- ☐ Remind staff and children to wash their hands often to avoid spreading infections.
- ☐ Try to keep children with asthma away from people who have colds or the flu.
- ☐ Annual flu shots are recommended for children with asthma who are age 6 months and older.
- ☐ Encourage staff to get yearly flu shots.
- ☐ Review children's health records to ensure that they are fully immunized.
- ☐ Enforce your sick child policies.
- ☐ Encourage families to make use of a regular health care provider (a medical home) for their children with asthma, rather than receiving care in the emergency room.

Asthma Triggers and How to Reduce Them (CONTINUED)

Weather and Air Pollution

Weather that is very hot or very cold can trigger asthma in some children. Smoggy air can trigger asthma. Smog contains ozone which is formed when pollutants from cars, trucks, industrial facilities, power plants, etc., react in the presence of heat and sunlight. Particulate matter (particles found in the air) including dust, dirt, soot and smoke, can trigger an asthma attack.

What to do?

- ☐ If a Child Asthma Plan calls for it, limit outdoor play for a child with asthma when the weather is very hot or very cold.
- ☐ Cover the child's mouth and nose with a scarf in very cold weather.
- ☐ Don't allow cars to idle near your ECE program.
- ☐ Check the newspaper, radio, television or internet (www.weather.com) daily for air quality reports. On days with poor air quality, have the children play indoors or participate in quiet activities outdoors. Plan outdoor activities when ozone levels are lower (usually early morning or evening). However, for those who are allergic to pollens, early mornings may not be a good time for outdoor activities.
- ☐ Try to use air conditioning instead of opening the windows.
- ☐ Avoid wood smoke and burning leaves.

Food Allergies

Eating foods to which an individual child is allergic can trigger an asthma attack. Some common food allergies include peanuts, eggs, chocolate, wheat, shellfish, dairy products, dried fruit and certain food additives and preservatives.

What to do?

- ☐ Find out what food products may trigger an asthma attack.
- ☐ Avoid giving these foods at all times.
- ☐ Post a list of the child's food allergies in the food preparation and food service areas where it will be visible to all staff.
- ☐ Read ingredient labels on all food products.
- ☐ Complete a food allergy plan for each child with a food allergy. Sample plans may be downloaded from www.foodallergy.org.
- ☐ Communicate with a child's parent or guardian regarding the foods the child can safely eat.
- ☐ It may be necessary to contact food manufacturers to request specific dietary information regarding food contents/ ingredients and allergens.

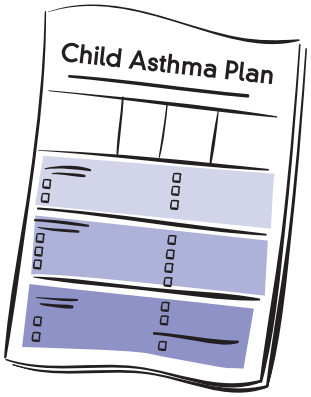
Adapted from American Lung Association of San Francisco and San Mateo Counties

6 About the Child Asthma Plan

If you have a child diagnosed with asthma in your care, you should know what to do in case of an asthma attack or emergency. It is important to have a conversation with the child's parent or guardian about managing the child's asthma using controller medication and having a plan to follow in case of an emergency. This communication is much more effective if a child with asthma has a Child Asthma Plan, which is a form provided by a child's health care provider. Having a completed, up-to-date Child Asthma Plan on-site ensures that you have detailed instructions for decision-making during an asthma attack.

The Child Asthma Plan is developed by the child's family and primary care provider and clearly describes steps to take to prevent an asthma attack, which often includes the use of daily controller medications and avoidance of triggers. Additionally, the plan should describe steps to take if a child is experiencing symptoms of an asthma attack. A Child Asthma Plan should be kept on file and be easily accessible. Child Asthma Plans should be updated every six months or more often if the child's condition is changing.

There are various Child Asthma Plans or Action Plans. For your review, a sample Child Asthma Plan is included in this packet (see Section 13: Forms and Handouts); this specific form is available in multiple languages and in triplicate with a copy for the parent, health care provider, and the ECE provider or school. This asthma plan and others are available from many of the sources listed in Section 10, which includes the Regional Asthma Management and Prevention Initiative, American Lung Association and other health organizations.



The Child Asthma Plan describes the asthma symptoms that match each color zone.

The Child Asthma Plan can be color-coded into three sections: the green, yellow and red zones. This plan will help you understand what you can do to help manage a child's asthma by outlining medication administration, triggers to avoid, and what to do based on the child's condition at a given time. Parents should review the plan with the ECE provider.

Green Zone—Child Is Doing Well!

If the child's breathing is good, the child is in the Green Zone and everything is okay. He/she can continue playing, laughing and doing other activities.

Yellow Zone—Slow Down!

If the child starts having more frequent and severe asthma symptoms, he/she is entering the Yellow Zone. If the child is in the Yellow Zone, then he/she needs to be careful and you need to be aware of

About the Child Asthma Plan

(CONTINUED)

activities that can worsen his/her asthma. You may need to increase medications given to the child when the child is in the Yellow Zone according to the directions of the Child Asthma Plan.

Red Zone—Get Help!

If the child is having extreme difficulty breathing, then he/she is in the Red Zone. This is an emergency and it is time to get help immediately. Provide rescue medication. Call 9-1-1, then follow the Child Asthma Plan.

Adapted from The Asthma Solutions Handbook: A Guide for Developing Asthma Partnership Programs with Child Care Centers and Parents of Preschool Children. Columbia University, New York City: 2002, and American Lung Association of Connecticut.

7 Asthma Medication

The right medications can control asthma.

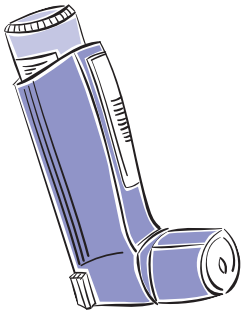
- Asthma medications are very safe and effective.
- Asthma medication is non-addictive.
- It is very important to use each asthma medication in the correct way.
- Some asthma medications must be taken every day in order for them to work.
- When caring for a child with asthma, review that child's medication plan with his/her parents or guardians.
- Have a child's parents or guardians list and demonstrate the methods of administration of a child's medications.

Section II of the "Asthma Care Training for Child Care Providers" DVD includes helpful information about asthma medication.

There are two main kinds of asthma medications:

1. Quick relief medications
2. Long-term medications

Quick Relief Medications



Other names for these medications include:

- Rescue medications
- Relievers
- Openers
- Bronchodilators

Quick relief medications are mainly used to treat an asthma "attack" or episode. These types of medications usually come in the form of a spray or powder that is inhaled into the lungs. Quick relief medications open airways quickly during an asthma attack and help stop coughing, wheezing and troubled breathing; however, they work only for a short time (3 to 4 hours).

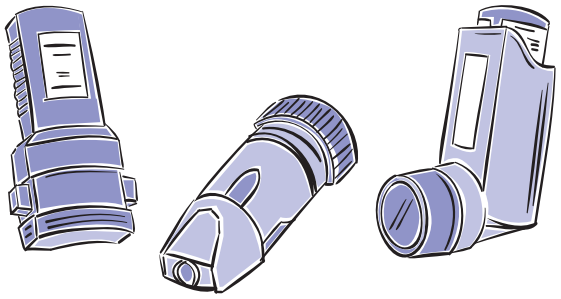
Quick relief medications may have some side effects. Many people experience these common reactions to quick relief medications: shaking, pounding heart, nervousness and restlessness. Inform the child's parents or guardian if you observe these symptoms.

Some precautions when using quick relief medications:

- If the child still has trouble breathing after using the medication or if his/her condition worsens: 1) re-administer the medication if instructed by the child's asthma plan, 2) call 9-1-1 immediately, and 3) notify the child's doctor and parent.

Asthma Medication
(CONTINUED)

Long-Term Medications



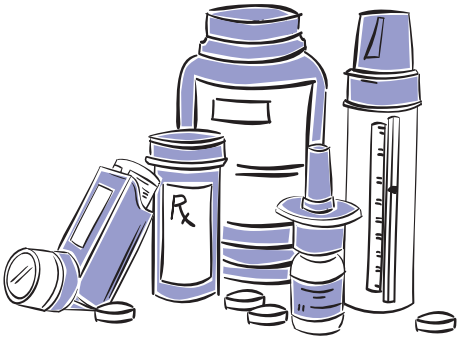
Other names for these medications include:

- Preventor medications
- Controller medications
- Anti-inflammatory medications
- Corticosteroid medications

Long-term medications are inhaled steroids. They are the major drugs used in the control of asthma. They usually come in the form of a spray or powder that is inhaled into the lungs through an inhaler, but may also come in the form of a liquid for use with a nebulizer. When taken every day, they work continuously to reduce or prevent swelling of the airways and help make the lungs react less strongly to irritants and triggers.

There are some misconceptions about the use of inhaled steroids. Some people think of them as the same drugs athletes abuse (anabolic steroids), which are drugs that cause unhealthy side effects. However, using inhaled steroids at the dose levels that are prescribed for asthma has not been shown to cause the weak bones, growth suppression, weight gain or cataracts associated with high doses of anabolic steroids. They do have some side effects that are not considered serious, which may include a hoarse voice, sore throat, or mild throat infection (thrush). Inform the child's parents or guardian if you observe these symptoms. These side effects can be minimized by rinsing out the mouth after every dose of inhaled steroid and by using a spacer.

Allergy Medications and Asthma



Some children with asthma take allergy medications to control their allergies that cause asthma symptoms.

These medications come in the form of pills, capsules, tablets, chewable tablets, liquid, or nose sprays. Some side effects of these medications are drowsiness, dizziness, and dry mouth. Nose sprays can also cause bloody noses and sore throats. Use allergy medications only as directed, and be certain that all medications are listed in the Child Asthma Plan.

Emergency Allergy Medication

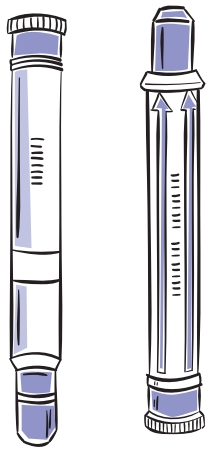
Some children with asthma are prescribed an emergency allergy medication called an Epipen or Epipen Jr. that can be used when asthma symptoms are caused by a life-threatening allergic reaction. Giving a child an injection with an Epipen or Epipen Jr. during a severe allergic reaction can save a child's life. The Epipen or Epipen Jr. is a pre-measured injecting device filled with medication that can

Asthma Medication
(CONTINUED)

be given when a child has a severe allergic response, an anaphylactic reaction, swelling of the throat, lips or tongue, has difficulty breathing, collapses, or has a loss of consciousness. Common allergies include: insect stings, nuts, dairy, and shellfish.

This medication is only to be used in emergencies, when symptoms are life-threatening, and after such use 9-1-1 should be called immediately. Epinephrine, the medication in the Epipen and Epipen Jr., is a serious medication that affects the heart, so emergency medical personnel must attend to anyone who has been given such an injection.

How to Use an Epipen or Epipen Jr.



1. Keep instructions on how to use the Epipen with the device.
2. Review instructions on how to use the Epipen with the child's parent or guardian.
3. Have the child's parent show you how to use the Epipen by practicing with the Epipen trainer (which comes with the Epipen). You may use this trainer to practice giving the Epipen. The trainer has no medication in it.
4. Review instructions on how to properly dispose of the Epipen once it has been used. Once an Epipen is used, it is considered a biohazard because of the blood that will be on the injection device. Carefully recap the Epipen and return it to the child's parent or contact the child's health care provider for disposal.

Proper Storage of Asthma Medications

- Always read the package inserts of the medication and follow the specific instructions for storage of the medication.
- Store inhalers at room temperature.
- Liquid medications for the nebulizer should not be refrigerated.
- Store medications away from sunlight.
- If asthma medications must be transported for field trips, care must be taken to keep these medications from getting too hot or too cold.
- Be careful not to leave inhalers or other asthma medication in the car. Extreme temperatures can cause the medication to become ineffective. On hot days, transport medication in coolers with ice packs.
- Some asthma medications come in special foil wrappers. These medications must be used only within a certain period of time once the foil pouches are opened. Also, these specially wrapped medications sometimes must be kept in their foil wrappers for storage. For foil-wrapped medications, it is important to log when the foil pouch was opened.
- If you have questions about the storage of a specific medication, review the instructions with the child's parent or contact a pharmacist for more information.

Asthma Medication
(CONTINUED)

Keeping Medication Accessible During an Emergency (Earthquake, Fire, or Flood)

- The children's medications should be kept in an area that is easy to get to in case of an emergency, and out of reach of all children.
- The medication should be properly labeled, in its original container and able to be quickly moved into a watertight container that can be hand carried to safety.
- Keep all children's medication permission forms and logs in an accessible area where they can also be quickly gathered and placed in a watertight container that can be carried to safety.
- Gathering medications for the children in your care is a priority during a disaster. Have ECE staff practice medication-gathering drills.

8 Asthma Medication Devices

Metered Dose Inhalers used alone

Many asthma medicines come in a metered dose inhaler (or MDI), a device that dispenses the medication in precise doses. The MDI is usually a pressurized canister of medication with a plastic case and mouthpiece. Pressing the MDI releases a "puff" of medication to be inhaled. It is important to use inhalers the right way to make sure to get enough medicine into the lungs. There are many shapes and sizes of MDIs. Most older children use the inhaler with a spacer (a special holding chamber for medicine that attaches to the MDI). Spacers with a mask make it easy for young children and infants to use an inhaler. See the "Asthma Care Training for Child Care Providers" DVD for more information on inhalers.

General instructions for use of MDI for children whose parents have been instructed in the use of the MDI by their health care provider

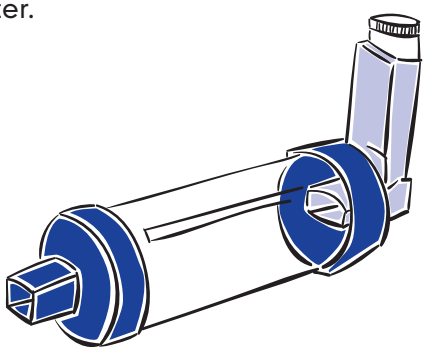
These are general instructions only; ECE providers should refer to the label before administering medication, and receive training from the child's parents and/or a health care provider.

1. Remove the cap.
2. Shake inhaler 4 or 5 times.
3. Have child breathe out normally.
4. Hold inhaler 2 finger widths from the mouth.
5. Press down on the inhaler while the child breathes in slowly and deeply.
6. Child should hold breath for 10 seconds to let medicine go deep in the lungs.
7. Have child wait 1 minute before taking another puff (if needed).
8. Ask child to rinse mouth after using an inhaler.

Inhaler should be cleaned every 2 or 3 days.

To clean an inhaler:

- Remove the medication canister from the inhaler. Never soak the medication canister.
- Follow the cleaning instructions that are included with the metered dose inhaler. In most cases you will be advised to simply clean the parts well with soap and water.
- Air dry.



MDIs with Spacers

- A spacer can help more medicine get into the lungs.
- A spacer is used with an MDI.

A spacer is a device that attaches to a Metered Dose Inhaler and helps more medicine get into the child's lungs.

Asthma Medication Devices
(CONTINUED)

Spacers also help:

- Reduce the taste of asthma medicines.
- Prevent coughing when taking the medicine.
- Prevent side effects from long-term inhaled medications.

General instructions for using a spacer with an MDI:

1. Remove mouthpiece from MDI.
2. Insert the MDI into the spacer.
3. Shake the MDI and spacer 4 or 5 times.
4. Have the child breathe out.
5. Place the mouthpiece of the holding chamber (spacer) between the child's teeth and above the tongue and have the child close his/her lips around it.
6. Press down on inhaler once.
7. Have the child take a slow deep breath.
8. Have the child hold his/her breath for 5 to 10 seconds after inhaling.
9. Remove the mouthpiece from the child's mouth to exhale.
10. Wait at least 1 minute before administering a second puff, if needed. (Follow instructions of the Child Asthma Plan.)
11. Give the child water to drink after using a spacer with an inhaler.

Spacers can be used with a mask for small children or babies. Using a spacer for babies or small children is the same as steps 1-4 above, then:

- Place the mask firmly over the child's nose and mouth.
- Press down on the inhaler once.
- Encourage the child to take 5-6 normal breaths.
- Don't lift the mask off the child's face until he/she has breathed in all of the medicine.
- Remove the mask.
- Wait at least 1 minute before a second puff, if needed. (Follow the instructions of the Child Asthma Plan.)
- Give the child water to drink after he/she has used an inhaler.

To clean spacer:

- Follow the instructions that are included with the spacer. In most cases you will be advised to simply clean the parts well with soap and water and leave to air dry. A vinegar rinse may be recommended for spacers every 3 days. Do not scrub the spacer.

Asthma Medication Devices
(CONTINUED)

Nebulizer or Breathing Machine

A nebulizer is a machine that helps deliver inhaled asthma medicine in the form of a mist into the lungs. The nebulizer pushes air through the asthma medicine to turn it into a fine mist. When inhaled correctly, the medication has a better chance to reach the small airways. Doctors may prescribe use of the nebulizer for babies, small children or other persons to deliver preventive medications or to respond to an asthma attack. Both quick relief and long-term medications may be delivered using a nebulizer. The "Asthma Care Training for Child Care Providers" DVD demonstrates the use and care of a nebulizer.

Just like an inhaler, a nebulizer must be used correctly to deliver medicine to the lungs.
Ask parents and/or a health care provider to demonstrate how to use the nebulizer.

In general, to use a nebulizer:

1. Read the instructions and wash hands prior to assembling the nebulizer and preparing treatment.
2. Make sure the machine is on a flat surface.
3. Put the medicine into the cup. (Review the child's medications plan for the correct dosage and check expiration dates on medications.)
4. Connect the tubing to the machine and turn it on. A mist should come out.
5. Put the mouthpiece in the mouth or put the mask on. The mask should fit snugly over the nose and mouth.
6. The child should breathe in and out slowly and deeply, holding each breath for 1 or 2 seconds until medicine is gone from the cup (about 5-10 minutes).
7. Turn the machine off and disconnect the tubing.
8. If child is old enough, have him or her rinse mouth with water, or allow to drink water.
9. Clean and then store the machine in a plastic bag.

Nebulizers need to be properly cared for to ensure that they work correctly:

- Never share tubing, mouthpiece or machines.
- Shake the excess moisture out of the tubing after every use. Running the machine for a few minutes while connected only to the tubing can remove excess moisture from the tubing.
- Follow the cleaning instructions that are included with the nebulizer. In most cases you will be advised to simply clean the parts well with soap and water and leave to air dry. A vinegar rinse may be recommended for nebulizers every 3 days.

Asthma Medication Devices

(CONTINUED)

- Do not soak the tubing!
- Air-dry all nebulizer parts thoroughly before storing.
- Wipe down the nebulizer machine and the outside of the tubing with a damp cloth after every use.
- Check the filter every month and replace it if necessary.
- Store the machine in a plastic bag or container to reduce exposure to dust.

Medication Log

Keep a written record of any medication given to a child. Notify parents whenever medication is given. Make sure to review expiration dates on medications to check that they are not expired. Have parents or guardians review medication supplies regularly, preferably once per month, to determine if the prescription is up-to-date and there is an adequate supply at the child care site.

9 Asthma Education Activity for Young Children

The following activities will help young children ages 3-5 learn about asthma. Before beginning these suggested activities, talk to the children in your care about asthma. Explain what it feels like when a person has trouble breathing and how they can help another child who is having trouble breathing by quickly getting an adult.

All children, not just those with asthma, should participate in these activities. By incorporating these activities into your curriculum, all children with learn about asthma and those with asthma will feel less isolated and scared.

Asthma Activity for Pre-Schoolers: What is Asthma?

Purpose: To teach young children that all of us breathe, but people with asthma sometimes have trouble breathing.

What you will need:

- Picture of the lungs
- Unwrapped straws for each child

Instructions:

- Tell children that asthma is a condition that makes it hard to breathe. Explain, with help from the lung picture, that asthma makes the airways get smaller so that it's hard to get air in and out of the lungs.
- Also tell children that some children have asthma. Most of the time, children with asthma can run and play just like their friends.
- Ask children: Has anyone heard about asthma? Does anyone know someone who has asthma?
- Select a child who has raised his/her hand and ask: How do you think that person with asthma feels? What happens to a person who has asthma?
- If no child raises a hand, describe that when asthma bothers someone, they may breathe very hard, wheeze or cough. See Section 3 for signs and symptoms of asthma. When asthma is bothering someone, he/she feels pretty bad. This is called an asthma episode or attack.

Demonstration:

This shows children what it feels like to have trouble breathing.

- Pass out unwrapped straws.
- Ask children to close their lips around the straw and breathe. Ask whether it is easy to breathe this way (most children will say yes).
- Now ask the children to use their fingers to pinch the middle of the straw until it is almost closed, and try breathing again. Ask whether breathing was easier or harder (most children will say

Asthma Education Activity for Young Children

(CONTINUED)

harder). Explain that this is what it feels like to a person who is having an asthma attack.

- Finally, ask the children to pretend to take medicine that will help them breathe easier. Ask them to try the activity again without pinching the middle of the straw. Ask the children what happened after taking the medicine. Was it easier to breathe? Explain that medicine helps children with asthma to breathe easier.
- Explain that some children have asthma and other children do not, just like some children wear glasses and others do not. Emphasize that children with asthma can run and play like everyone else most of the time. Be sure that the children understand that they cannot catch asthma from someone else, like a cold or flu. Asthma tends to run in families, just like hair color and eye color.
- Explain to children that asthma medicine, like all medicines, should only be taken with the approval of an adult, and should be administered by an adult.

Adapted from All About Asthma, Asthma Awareness Activities for Pre-Schoolers, American Lung Association of San Francisco & San Mateo Counties.

10 Asthma Resources, Training and Tools

Allergy and Asthma Network Mothers of Asthmatics

www.aanma.org
(800) 878-4403

This website has a page dedicated to children with asthma in child care. Find out how to become involved in advocacy efforts to create policies that are good for children with asthma.

American Academy of Pediatrics

www.aap.org/healthtopics/asthma.cfm
(800) 433-9016

Provides a useful overview of managing asthma in children, including common asthma triggers and allergies, reducing triggers, and using peak flow meters.

American Lung Association of California

www.californialung.org
(800) LUNG-USA (800-586-4872)

Learn more about the American Lung Association's programs and services for children, including the "A is for Asthma" Sesame Street preschool program. You can also find an American Lung Association office in your region.

Asthma and Allergy Foundation of America

www.aafa.org
(800) 7-ASTHMA (800-727-8462)

The Foundation offers education and intervention programs including Wee Wheezers, Asthma Care Training for Kids, and a three-hour workshop on managing asthma in the ECE setting.

Better Asthma Care for California Kids

www.betterasthmacare.org

Provides a wide range of resources including online continued education to assist individuals, parents, child care providers, schools, and health care providers to manage asthma effectively.

California Asthma Partners

www.asthmapartners.org
(510) 622-4458

Partnership of organizations and programs working to address asthma in California. Find organizations providing asthma education and working on asthma issues near you.

California Asthma Public Health Initiative

www.dhs.ca.gov/caphi
(916) 552-9976

California Department of Health Services site that includes links to asthma education resource materials.

California Breathing

www.californiabreathing.org
(510) 622-4500

A program of the California Department of Health Services and U.S. Centers for Disease Control and Prevention working to implement the Strategic Plan for Asthma in California. Find resources and learn about statewide projects to address asthma in child care settings.

California Childcare Health Program

www.ucsfchildcarehealth.org
(800) 333-3212

A multidisciplinary team staffs the toll-free Child Care Healthline at (800) 333-3212. Also trains ECE and health care professionals and others on health and safety issues related to early care and education programs, and conducts research.

California Department of Health Services

www.dhs.ca.gov/asthma
(916) 445-4171

Administers a broad range of California public and clinical health asthma programs. Complete list of agency's asthma programs and resources, including Asthma Education for Child Care and Preschool Staff.

Asthma Resources, Training and Tools

(CONTINUED)

Child Care Law Center
www.childcarelaw.org
(415) 394-7144

Learn about legal issues related to caring for children with asthma and other health conditions.

Community Action to Fight Asthma (CAFA)
www.calasthma.org
(510) 622-4444

Statewide coalition to address asthma including environmental triggers that affect children.

Community Care Licensing (Child Care)
http://ccld.ca.gov/ChildCareL_1728.htm
(916) 229-4500

Oversees regulations related to child care; offers links to numerous health and safety websites.

Emergency Medical Services Authority
www.emsa.ca.gov/emsdivision/child_care.asp
(916) 322-4336

Find Health and Safety Training classes as well as the Asthma and Inhaled Medication Training Curriculum.

Food Allergy and Anaphylaxis Network
www.foodallergy.org
(800) 929-4040

Find out more about food allergies which trigger asthma in some children.

National Resource Center for Health and Safety in Child Care
http://nrc.uchsc.edu/CFOC
(800) 598-KIDS or 5437

An online source for viewing *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.*

PBS Kids – Arthur's All About Asthma
http://pbskids.org/arthur/parentsteachers/lesson/health

Lesson plans and activities about asthma based on the popular PBS characters, Arthur and his friends.

Regional Asthma Management and Prevention Initiative
www.rampasthma.org
(510) 302-3329

RAMP's mission is to decrease death and sickness associated with asthma among adults and children in the San Francisco Bay Area. Visitors can order 0-5 Asthma Plans through RAMP in English, Spanish, Chinese and Vietnamese.

The San Diego Childhood Asthma Initiative
www.lungsandiego.org/asthma/article_childhood.asp
(619) 297-3901

A collaboration between the American Lung Association, Children's Hospital and Health Center, and the Council of Community Clinics with the goal of improving asthma management for children ages 0-4.

U.S. Environmental Protection Agency
www.epa.gov/iaq/asthma/about.html
(800) 438-4318

Includes a useful overview of asthma as well as information specifically for parents and caregivers of children with asthma.

11 Laws and Regulations

There are various laws and regulations pertinent to care for children with asthma in ECE programs in California.

The Americans with Disabilities Act (ADA) requires child care centers to make reasonable accommodations for the care of children with special health care needs, including asthma.

In California, licensed ECE programs must have at least one staff member who has been trained in state-approved pediatric first aid, cardiopulmonary resuscitation (CPR), and preventive health training on duty at all times when children are at the ECE program or off-site for ECE program activities (Community Care Licensing Regulation 101216). For this reason, ECE providers in California take this required training, which consists of 15 hours of training—four hours of pediatric first aid, four hours of child and adult CPR, and seven hours of preventive health training. The care of children with asthma and asthma medication administration is part of the Emergency Medical Service Authority's pediatric first aid training for the state's licensed child care providers, which is required every two years. The first aid training also includes information on dealing with a comprehensive list of emergency injuries and illnesses. The CPR training provides information on dealing with heart and breathing emergencies for both children and adults. The preventive health training addresses injury and illness prevention measures that should be taken in the child care setting, including information on immunizations. For more information on this training, contact Lucy Chaidez of the California Emergency Medical Services Authority at (916) 322-4336, extension 434, or visit the EMS Authority website at www.emsa.ca.gov.

Inhaled medication can be administered to children in ECE programs if certain requirements are met, according to the Health and Safety Code (Section 1596.798). If the child requires inhalation therapy with a nebulizer, there needs to be a Nebulizer Care Consent/Verification Child Care Facilities (form #Lic 9166) on file (see Section 13 for a copy of this form). In addition, written permission from the parent or legal guardian, written instructions from the health care provider, and an accurate recording system for providing asthma medication to the child with asthma are required. Please see Monthly Medication Record in Section 13 for a sample form.

The use of EpiPen and EpiPen Jr. are permitted in ECE programs. EpiPen and EpiPen Jr. are disposable, pre-filled automatic injection devices designed to administer a single dose of epinephrine for allergic emergencies. However, EpiPen and EpiPen Jr. can only be administered in the event of an emergency and only to someone who has a prescription for them (Health and Safety Code Section 101226(e)).

12 Glossary

Allergen
A foreign substance that leads to an allergic reaction. Examples of allergens are dust, mold and pollen.

Allergic reaction
A body's response to a substance (allergen) that causes many different kinds of reactions. An allergic reaction can include hives, itching, wheezing, coughing, watery eyes, headache, stomachache, vomiting, or diarrhea.

Asthma
A chronic lung disease that affects the airways of the lungs, causing difficulty with breathing. Airways swell and produce excess mucous, making it difficult to breathe and causing wheezing and coughing and a tight feeling in the chest. Asthma attacks may be triggered by allergens, infections, exercise, smoke, and cold air, as well as many other factors.

Child Asthma Plan (also called Asthma Management Plan or Asthma Action Plan)
A written document developed by the child's health care provider in conjunction with his/her family that outlines exactly what is to be done in the event of an asthma episode/attack.

Controller medications
These medications work over a long period of time to reduce inflammation of the airways associated with asthma, thus reducing the risk of an asthma attack. Some are called corticosteroid drugs, long-term medications or preventor medications.

Corticosteroid drugs
A group of controller medications that reduce the swelling of the airways.

Inhaler
A device for administering medications by inhalation. An inhaler usually includes the medication as part of the inhaler unit.

Irritant
A substance that can cause discomfort or pain or stimulates a negative reaction in the body.

Nebulizer
A machine that pumps air through a liquid medication making the medicine bubble until a fine mist is formed that is breathed in. A nebulizer is usually used in the hospital or at the doctor's office, but can be prescribed for use at home or at an ECE program if the child's asthma symptoms are severe.

Peak flow meter
A small tube-like hand-held device used to measure how much air a child with asthma can push out of his/her lungs. Monitoring a child's peak flow can tell how well asthma is being controlled even before symptoms appear. Peak flow meters are generally not used for children under age 5 years, although this varies depending on the child's level of competency.

Rescue medications (Bronchodilators)
A group of drugs that widen the airways in the lungs, providing quick relief. These are known as "rescue" or quick-relief medications because they are used when someone is having an asthma attack (having trouble breathing).

Spacer
A device that attaches to an inhaler that helps direct the medication into the lungs. Spacers help adequate amounts of medication get into the lungs, therefore making the inhaler more efficient than if used alone.

Triggers
Activities, conditions or substances that cause the airways to react and asthma symptoms to occur. Some examples of possible asthma triggers are dust mites, mold, change in temperature, tobacco smoke, furry pets and exercise. Asthma triggers are different for each child.

13 Forms and Handouts

Me and My Asthma

Instructions to ECE providers: Fill out this form with the parents or guardians of each child with asthma.

My Child's Asthma

Child's Name: _____

My child's early warning signs of asthma attack are: (examples: cough, wheeze) _____

_____

_____

My child's emergency warning signs of asthma attack are: (trouble walking, talking) _____

_____

_____

My child's asthma triggers are: (examples: dogs, dust, colds) _____

_____

_____

You can help my child feel better by: (examples: giving appropriate asthma medications, sitting him/her down, rubbing his/her back, staying calm) _____

_____

_____

If my child's asthma episode gets worse please do the following:

1. _____
2. _____
3. _____

Emergency Contacts

Family member: _____

Phone: _____ Work: _____

Doctor: _____ Phone: _____

The nearest emergency room is: _____

Address: _____ Phone: _____

My Child's Medications

Name of medication	When to take it	Device used	Medication expiration

Important!

- Have parents demonstrate how to use medications and devices
- Watch the DVD on how to use asthma devices
- Obtain copy of written instructions and Child Asthma Plan from parents or health care provider

Adapted from American Lung Association of San Diego and Imperial Counties

ENGLISH

Child Asthma Plan

0 - 5 year olds

Patient Name: _____

Medical Record #: _____

Healthcare Provider's Name: _____ DOB: _____

Healthcare Provider's Phone #: _____ Completed by: _____ Date: _____

Controller Medicines (Use Everyday to Stay Healthy)	How Much to Take	How Often	Other Instructions (such as spacers/masks, nebulizers)
		_____ times per day **EVERYDAY!**	
		_____ times per day **EVERYDAY!**	
		_____ times per day **EVERYDAY!**	
		_____ times per day **EVERYDAY!**	

Quick-Relief Medicines	How Much to Take	How Often	Other Instructions
		Give ONLY as needed	NOTE: If this medicine is needed often (_____ times per week), call physician.

GREEN ZONE

Child is ***well*** **and has no asthma symptoms, even during active play.**

PREVENT asthma symptoms everyday:

- **Give the above controller medicines everyday.**
- Avoid things that make the child's asthma worse:

☑ Avoid tobacco smoke; ask people to smoke outside.

☐ _____

☐ _____

YELLOW ZONE

Child is ***not well*** **and has asthma symptoms that may include:**

- Coughing
- Wheezing
- Runny nose or other cold sy[illegible]
- Breathing harder or faster
- Awakening due to coughing o[illegible]
- Playing less than usual
- _____
- _____

Other symptoms that could indicate that your child is having trouble breathing may include: difficulty feeding (grunting sounds, poor sucking), changes in sleep patterns, cranky and tired, decreased appetite.

CAUTION. Take action by continuing to give regular **everyday** asthma medicines AND:

☐ Give _____

_____ (include dose and frequency)

If the child is not in the *Green Zone* and still has symptoms after [illegible] hours then:

☐ Give more _____

_____ (include dose and frequency)

☐ _____

_____ (include dose and frequency)

☐ Call _____

RED ZONE

Child ***feels awful!*** **Warning signs may include:**

- Child's wheeze, cough or difficulty breathing continues or worsens, even after giving yellow zone medicines.
- Child's breathing is so hard that he/she is having trouble walking / talking / eating / playing.
- Child is drowsy or less alert than normal.

MEDICAL ALERT! Get help!

☐ Take the child to the hospital or call 911 immediately!

☐ Give more _____ (include dose and frequency) until you get help.

☐ Give _____ (include dose and frequency)

Danger! Get help immediately!

Call 911 if:

- **The child's skin is sucked in around neck and ribs; or**
- **Lips and / or fingernails are grey or blue; or**
- **Child doesn't respond to you.**

ORIGINAL (Patient) / CANARY (Child Care / School / Other Support Systems) / PINK (Chart)

PROVIDER INSTRUCTIONS FOR ASTHMA ACTION PLAN (Children ages 0-5)

☐ **DETERMINE THE LEVEL OF ASTHMA SEVERITY** (see Table 1)

☐ **FILL IN MEDICATIONS**

Fill in medications appropriate to that level (see Table 1) and include instructions, such as "shake well before using", "use with spacer", and "rinse mouth after using".

☐ **ADDRESS ISSUES RELATED TO ASTHMA SEVERITY**

These can include allergens, smoke, rhinitis, sinusitis, gastroesophageal reflux, sulfite sensitivity, medication interactions, and viral respiratory infections.

☐ **FILL IN AND REVIEW ACTION STEPS**

Complete the recommendations for action in the different zones, and review the whole plan with the family so they are clear on how to adjust the medications, and when to call for help.

☐ **DISTRIBUTE COPIES OF THE PLAN**

Give the top copy of the plan to the family, the next one to school, day care, caretaker, or other involved third party as appropriate, and file the last copy in the chart.

☐ **REVIEW ACTION PLAN REGULARLY (Step Up / Step Down Therapy)**

A patient who is always in the green zone for some months may be a candidate to "step down" and be reclassified to a lower level of asthma severity and treatment. A patient frequently in the yellow or red zone should be assessed to make sure inhaler technique is correct, adherence is good, environmental factors are not interfering with treatment, and alternative diagnoses have been considered. If these considerations are met, the patient should "step up" to a higher classification of asthma severity and treatment. Be sure to fill out a new asthma action plan when changes in treatment are made.

TABLE 1: Severity and medication chart (classification is based on m… at least one criterion)

	Severe Persistent	Moderate Persistent	Mild Persistent	Mild Intermittent
Symptoms/Day	Continual symptoms	Daily symptoms	> 2 days/week but < 1 time/day	≤ 2 days/week
Symptoms/Night	Frequent	> 1 night/week	> 2 nights/month	≤2 nights/month
Long Term Control[1]	**Preferred treatment:** • Daily *high-dose* inhaled corticosteroid **AND** • Long-acting inhaled B_2 - agonist **AND, if needed:** • Corticosteroid tablets or syrup long term (2 mg/kg/day, generally do not exceed 60 mg per day). (Make repeated attempts to reduce systemic corticosteroids and maintain control with high-dose inhaled corticosteroids.) ***Consultation With Asthma Specialist Recommended***	**Preferred treatment:** • Daily *…dose* inhaled corticosteroid and …ng-a…g inhaled B_2 - agonist …aily *medium-dose* inhaled corticosteroid **Alternative t…eatment:** • Da… *…dose* inhaled corticosteroid and either …ukotriene receptor antagonist or th…ophylline … **If needed** …ticularly in patients with recurring s… …bations): **Preferred treatment:** • Daily *…dose* inhaled corticosteroid and long-a…ng B_2 …agonist **Alternat…e tre…ment:** • Daily *med…-dose* inhaled corticosteroid and either leukotri… …eceptor antagonist or the… ***Consultation With Asthma Specialist Recommended***	**Preferred treatment:** • Daily *low-dose* inhaled corticosteroid (with nebulizer or MDI with holding chamber with or without face mask or DPI) **Alternative treatment:** • Cromolyn (nebulizer is preferred or MDI with holding chamber) **OR** • Leukotriene receptor antagonist **Note:** Initiation of long-term controller therapy should be considered if child has had more than three episodes of wheezing in the past year that lasted more than one day and affected sleep and who have risk factors for the development of asthma.[2] ***Consider Consultation With Asthma Specialist***	**No** daily medication needed.
Quick Relief[1]	**Preferred treatment:** • Inhaled short-acting B_2- agonist **Alternative treatment:** • Oral B_2 - agonist	**Prefer…** • Inha… sho… actin… B_2 - agonist **Alter…ve t…atme…:** • Oral B_2 - agonist	**Preferred treatment:** • Inhaled short-acting B_2 - agonist **Alternative treatment:** • Oral B_2 - agonist	**Preferred Treatment:** • Inhaled short-acting B_2-agonist **Alternative Treatment** • Oral B_2 - agonist

1 For Infants and children use spacer or spacer AND MASK.
2 Risk factors for the development of asthma are parental history of asthma, physician-diagnosed atopic dermatitis, or two of the following: physician-diagnosed allergic rhinitis, wheezing apart from colds, peripheral blood eosinophilia.
With viral respiratory infection, use bronchodilator every 4-6 hours up to 24 hours (longer with physician consult); in general no more than once every six weeks.
If patient has seasonal asthma on a predictable basis, long-term anti-inflammatory therapy (inhaled corticosteroids, cromolyn) should be initiated prior to the anticipated onset of symptoms and continued through the season.

This Asthma Plan was developed by a committee facilitated by the Childhood Asthma Initiative, a program funded by the California Children and Families Commission, and the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. This plan is based on the recommendations from the National Heart, Lung, and Blood Institute's, "Guidelines for the Diagnosis and Management of Asthma," NIH Publication No. 97-4051 (April 1997) and "Update on Selected Topics 2002," NIH Publication No. 02-5075 (June 2002). The information contained herein is intended for the use and convenience of physicians and other medical personnel, and may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by qualified medical personnel in light of available resources and the circumstances presented by individual patients. No entity or individual involved in the funding or development of this plan makes any warranty guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the plan or the Guidelines. For additional information, please contact RAMP at (510)622-4438 , <http://www.rampasthma.org>.

Tips for Families Who Have a Child with Asthma

- Let the child care provider know that your child has asthma.

- Let the child care provider know:
  - What triggers your child's asthma
  - If your child is taking any medications
  - The symptoms your child usually exhibits before an attack

- Provide a copy of your child's Child Asthma Plan to the provider. If your child does not have a Child Asthma Plan, talk to your health care provider about getting one. The plan describes steps to take if a child with asthma is experiencing any asthma symptoms.

- Make sure both you and the child care provider understand the Child Asthma Plan and agree on the steps to follow. If your child does not yet have a plan, be sure to discuss steps to take in the event of an asthma attack.

- If your child requires asthma medications, be sure to give the child care provider an adequate supply of medications in original containers with pharmacy labels clearly stating the name of the child, name of the health care provider, name of the medication, dosage, instructions, and expiration date. The medication must always be accompanied by a Medication Authorization Form completed by the child's parent.

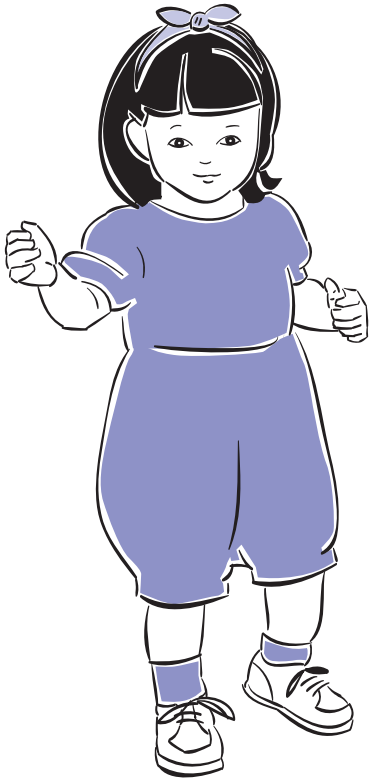
- Show the child care provider how to use asthma medicines and devices.

- Talk to the child care provider regularly about your child's asthma. It is a good idea for parents and providers to communicate about the child's asthma signs or symptoms every day (see the Child Asthma Plan).

- Make sure the contact information you give the child care provider is current and up-to-date so that you can be reached in case of an emergency.

Adapted from the American Lung Association of Connecticut.

Should My Child Go to Child Care Today?



My child may attend child care if:

- My child has a stuffy nose but no wheezing
- My child has coughing and/or wheezing which goes away after taking medication
- My child is able to perform usual activities (getting dressed, eating) without using extra effort to breathe

My child should not attend child care if:

- Wheezing or coughing continues after treatment
- Child has trouble breathing or is breathing fast
- Child has a fever over 100 degrees
- Child is too weak or tired to take part in normal activities (dressing self, eating, playing)

Adapted from Illinois Department of Human Services and the American Lung Association of Connecticut.

Information Exchange on Children with Health Concerns Form

Dear Health Care Provider:
We are sending you this Information Exchange Form along with a Consent for Release of Information Form (see back) because we have a concern about the following signs and symptoms that we and/or the parents have noted in this child, who is in our care. We appreciate any information you can share with us on this child in order to help us care for him/her more appropriately, and to assist us to work more effectively with the child and family. Thank you!

To be filled out by Child Care Provider:

Facility Name: _____ Telephone: _____

Address: _____

We would like you to evaluate and give us information on the following signs and symptoms: _____

_____

_____

_____

Questions we have regarding these signs and symptoms are: _____

_____

_____

_____

Date__ _/___ /___ Child Care Provider Signature: _____

Child Care Provider Printed Name: _____

To be filled out by Health Care Provider:

Health Care Provider's Name: _____ Telephone: _____

Address: _____

Diagnosis for this child: _____

Recommended Treatment: _____

_____

_____

_____

Major side effects of any medication prescribed that we should be aware of: _____

_____

Should the child be temporarily excluded from care, and if so, for how long? _____

_____

What should we be aware of in caring for this child at our facility (special diet, treatment, education for parents to reinforce your instructions, signs and symptoms to watch for, etc.)?

_____

_____

_____

Please attach additional pages for any other information, if necessary.

Date__ _/___ /___ Health Care Provider Signature: _____

Health Care Provider Printed Name: _____

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Consent for Release of Information Form

I, _____, give my permission for
(parent/guardian)

_____to exchange health information with
(sending professional/agency)

_____.
(receiving professional/agency)

This includes access to information from my child's medical record that is pertinent to my child's health and safety. This consent is voluntary and I understand that I can withdraw my consent for my child at any time. This information will be used to plan and coordinate the care of:

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____
(print full name)

Parent/Guardian Signature: _____

Parents or Guardians signing this document have a legal right
to receive a copy of this authorization.

Note: In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable California laws, all personal and health information is private and must be protected.

Adapted from : Pennsylvania Chapter of the American Academy of Pediatrics (1993). Model Child Care Health Policies. Bryn Mawr: PA: Authors.

California Childcare Health Program www.ucsfchildcarehealth.org rev. 10/03

Medication Administration Form

The (name of facility/center): _____ will administer medication to children for whom a plan has been made and approved by the Director. Because medication poses an extra burden on staff and having medication in the facility is a safety hazard, parents/guardians should check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in care by this facility/center. Parents/guardians may come to administer medication to their own child during the day.

If a liquid oral medication is to be administered at the facility/center, the parent/guardian must provide the administration device with clearly marked measurements (medicine sip-vial, medicine cup, dropper, or syringe).

Medication in Child Care:

1. Requires parent/guardian to complete and sign this *Medication Administration Form;* form shall be kept in the child's record with all supportive documentation.
2. Medication must be in original, child-proof container and labeled with child's name.
3. All medication containers and dispensers will be stored out of the reach of children and in a locked cabinet, or refrigerator if necessary, and will be returned to parent/guardian when completed.
4. Requires a written plan to record the administration of all medications and to inform the child's parent/guardian daily when such medications have been given.
5. When no longer needed by the child, or when the child withdraws from the program, all medications should be returned to the child's parent/guardian or disposed of after an attempt to reach parent/guardian.

Prescription Medications:

- Medication is administered in accordance with the pharmacy label directions as prescribed by the child's health care provider.
- The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.

Non-Prescription (Over-the-Counter)Medications:

- May be administered without approval or instructions from the child's health care provider.
- Shall be administered in accordance with the product label directions on the container.
- The instructions from the child's parent/guardian shall not conflict with the product label directions on the container.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

I hereby authorize designated agents of (name of facility/center): _____

to administer the following medication to my child, _____. I further agree to indemnify and hold harmless this facility/center, their agents, and servants against all claims as a result of any and all acts performed under this authority.

Parent/Guardian Name _____ Telephone _____

My child's health care provider is _____ Telephone _____

My child's condition is _____

Purpose of medication is _____ Time of administration _____

Name of medication _____ Duration of administration _____

Method of administration _____ Possible side effects _____

In case of emergency, contact _____ Telephone _____

Parent/Guardian signature _____ Today's Date _____

→ **Monthly Medication Record on back to be completed by person administering medication.**

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Name of Child ____

Monthly Medication Record

Dates to administer	**Dosage amount**	**Time of administration**	**Staff signature and time given**	**Staff signature and second time given** (if required)	**Parent initial to acknowledge administration**
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					
Monday Date:					
Tuesday Date:					
Wednesday Date:					
Thursday Date:					
Friday Date:					

Any additional comments and/or observations with staff initials: ____

____

____

Completed form and corresponding documentation is to be kept on-site in the child's file.

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STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. ***A separate form must be filled out for each person who administers inhaled medication to the child.***

I,_____, give my consent for_____,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at _____,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child,_____, and to contact my child's health care provider.
(PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

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